



251 Auburn Ravine Rd. Suite 210  
Auburn CA 95603  
Phone: 530-402-8914 Fax 530-424-9345

**General Intake:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Marital status \_\_\_\_\_ Educational level/School \_\_\_\_\_

Occupation \_\_\_\_\_

Names and ages of children/siblings \_\_\_\_\_

Emergency contact information \_\_\_\_\_

You prefer us to contact you by: Email Cell Phone Text Home phone All

How do you intend to pay for treatment? Cash check charge insurance

***If planning to use health insurance:***

Name of insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Group number \_\_\_\_\_

Telephone number \_\_\_\_\_

**Areas of Concern**

What issues/concerns causes you to seek treatment? Please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific goals with regard to your treatment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any particular concerns with regard to treatment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Treatment History:**

Have you ever received mental health treatment before? Yes No

When and for how long? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

Name of treating therapist(s), address(es), telephone number(s) \_\_\_\_\_

\_\_\_\_\_

Would you like us to contact your prior provider? Yes      No

Are you currently taking any prescription medications? \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_

Any current or past suicidal thoughts/attempts? Please describe \_\_\_\_\_

\_\_\_\_\_

Any history of physical, sexual, or emotional abuse? Yes      No

### **Medical History**

Please list medical issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions that may affect your ability to participate in therapy? Yes      No

overall health \_\_\_\_\_

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Any Drug/Alcohol use?**

### **Family of Origin History**

Name of parents: Father \_\_\_\_\_ Mother \_\_\_\_\_

Brief description of relationship \_\_\_\_\_

\_\_\_\_\_

### **Other Information**

Do you have a preferred Faith?. \_\_\_\_\_

Please describe your interests/hobbies

Any current legal issues? \_\_\_\_\_

\_\_\_\_\_

Anything else you would like us to know?